

#700

CONSULTANT REQUEST FORM

Date:	Purchase Request Number:		
Name of Proposed Consultant:			
Title of Proposed Consultant:			
Business Address:			
Telephone Number:			
<i>Description of Services to be Provided and List of Reports to be Submitted</i>			
Number of days services are required:	working days or ...	calendar days	
Rate Charged for services:	\$	per hour or ... \$	per day
<i>(Attach justification for the consultant rate)</i>			
Period of Performance – From Date:		To Date:	
Will Consultant work in laboratory area on site?	? Yes	? No	
If services will be performed onsite, will consultant have access to controlled technology, data, hardware or biological or chemical agents (ITAR,EAR)? ? Yes ? No			
Person consultant will report to:		Telephone Ext.:	
Building Number/Room Number:			
TYPES OF REIMBURSEMENT EXPENSES ANTICIPATED			
Per Diem	? Yes ? No	Transportation to and from NCI-Frederick	? Yes ? No
Airfare	? Yes ? No	Ground transportation from home to airport	? Yes ? No
Tolls	? Yes ? No	Mileage Expense (Number of Miles)	? Yes ? No
Hotel	? Yes ? No	Auto rental while at NCI-Frederick	? Yes ? No
Apartment plus expenses:	? Yes ? No	Other:	? Yes ? No
Payment Arrangement:			
Remarks:			